

**ICF/IID Psychological Evaluation (DD-3)
West Virginia**

Evaluation Date

**This evaluation MUST be completed for ALL persons before admission into an ICF in accordance with
42 CFR 456.370**

Name of applicant

Service Coordination Agency (SCA)

Current location of applicant: ☐ Residential ☐ Home ☐ Nursing Facility ☐ Psychiatric Unit ☐ Acute Hospital
☐ Other: _____

Reason for evaluation: ☐ Initial ☐ Redetermination ☐ Other (explain) _____

Previous DD-3 ☐ Yes ☐ No If yes, Date of Evaluation: _____

Demographics

Date of Birth: ____/____/____ Age: ____ Gender ☐ M ☐ F
Month Day Year

Per documentation does the individual have a Legal Guardian? ☐ Yes ☐ No

If yes complete the following:

a. Contact Name

Last:

First:

MI:

b. Contact Address

c. Contact Phone Number () - _____

d. Relationship: ☐ Parent ☐ Child ☐ Sibling ☐ Spouse ☐ Friend Other: _____

I. Relevant History:

A. Developmental Hx:

B. Medical Hx:

Evaluation Date

I.	Relevant History (Continued):	
	C. Mental Health Hx:	
	D. Results of previous Psychological Evaluations:	
II.	Current Status:	
	A. Physical/Sensory Deficits	
	B. Medications (type, frequency, dosage)	

II.	Current Status (continued):	
	<p>C. Current Behaviors</p> <p>1. Self-care (refers to such basic activities such as age appropriate grooming, dressing, toileting, feeding, bathing, and simple meal preparation):</p> <p>2. Receptive or expressive language (communication) refers to the age appropriate ability to communicate by any means whether verbal, nonverbal/gestures, or with assistive devices).</p> <p>3. Functional Learning (age appropriate functional academics)</p> <p>4. Mobility (motor skills) refers to the age appropriate ability to move one's person from one place to another with or without mechanical aids.</p> <p>5. Self-direction refers to the age appropriate ability to make choices and initiate activities, the ability to choose an active lifestyle or remain passive, and the ability to engage in or demonstrate an interest in preferred activities.</p> <p>6. Capacity for independent living encompasses sub-components that are age appropriate for home living, socialization, leisure skills, community use, health and safety, and employment.</p>	

III. Current Evaluation	
<div><div>A. Intellectual/Cognitive:</div><div><div>1. Instruments used:</div><div>2. Results:</div><div>3. Discussion:</div></div></div> <div><div>B. Adaptive Behavior:</div><div><div>1. Instruments used:</div><div>2. Results:</div><div>3. Discussion:</div></div></div> <div><div>C. Achievement/Other</div><div><div>1. Instruments used:</div><div>2. Results:</div><div>3. Discussion:</div></div></div>	

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DD-3 ICF/IID
Name of Applicant:

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V. Diagnosis		
AXIS I:		
AXIS II:		
AXIS III:		
AXIS IV:		
AXIS V: Current GAF: Highest in the past year:		
ICD-10 Diagnosis:		
VI. Prognosis		
VII. ICF/IID Recommendation		
<p>Based on the findings of this assessment, I have determined this individual requires the level of care and active treatment provided in an "INTERMEDIATE CARE FACILITY" for persons with an Intellectual Disability and/or Related Condition.</p> <p>_____ Yes _____ No</p>		
Supervised Psychologist		
<input type="text"/>		<input type="text"/>
Signature/Date		Printed Name
Licensed Psychologist		
<input type="text"/>		<input type="text"/>
Signature/Date		Printed Name